| PATENT | APPLIC | ATION | FEE | DETERM | INATION | RECORD |
|--------|---------------|---------------|-----|--------|---------|--------|
| | | ~!!V!! | | | | |

Effective October 1, 2000

lt 85 -009

Application or Docket Number

| CLAIMS AS | | | S FILED - PART I (Column 1) (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | | | |
|--|----------------------------------|---|--|----------------------|------------------------------|-------------------|-------------|-------------|----------------------------|------------------|---------------------|------------------------|
| TOTAL CLAIMS | | 1 | | | | RA | TE | FEE | | RATE | FEE | |
| FOR | | NUMBER FILED | | NUMBER EXTRA | | BASI | FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= * | | | X\$ | 9= | | OR | X\$18= | | |
| IND | EPENDENT CL | AIMS | mir | nus 3 = * | | X4 | 0= | | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM P | | | RESENT | | | | | | 1 | | | |
| t If the difference in solution 4 !- | | | loss than zo | ro ente | r "O" in c | olumn 2 | +13 | | | OR | +270= | A |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | olulili 2 | TO | ΓAL | | OR | TOTAL | 110 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | (Column 3) | SM | ALL | ENTITY | OR | OTHER SMALL I | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | IEST IBER | PRESENT EXTRA | RA | TE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Ž Q M | Total | * | Minus | ** | | = | X\$ | 9= | | OR | X\$18= | |
| MEI | Independent | * | Minus | *** | | = . | X4 | 0= | | OR | X80= | |
| Ľ | FIRST PRESE | NTATION OF M | JLTIPLE DEF | PENDEN | T CLAIM | | +13 | 5= | | OR | +270= | |
| | | | | | | | T(ADDIT | OTAL FEE | | OR | TOTAL ADDIT. FEE | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | RA | ΤE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Š | Total | * | Minus | ** | | = | X\$ | 9= | | OR | X\$18= | |
| AME | Independent | * | Minus | *** | |]= | X4 | 0= | | OR | X80= | |
| | FIRST PRESE | NTATION OF MI | JLIIPLE DEF | ENDEN | CLAIM | | +13 | 5= | | OR | +270= | |
| | | | | | | | T(ADDIT | OTAL FEE | | OR | TOTAL ADDIT. FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | RA | ΤE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NON | Total | * | Minus | ** | | = | X\$ | 9= | | OR | X\$18= | |
| ME | Independent | * | Minus | *** | | = | X4 |)= | | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | +270= | | | | | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." TOTAL ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." Total ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | | |

| DATE: | 01-17-03 | | ٠, | | | | |
|--|--------------------------------|--------|-----------|--|--|--|--|
| TO: | Missing Port | - · | · | | | | |
| FROM: | · / | | | | | | |
| SUBJECT: | Fee Due | | | | | | |
| APPLICAT | TION NUMBER: $09/8/6$, | 306 | • | | | | |
| A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency. | | | | | | | |
| Insufficient fee by check | | | | | | | |
| □ Insuffic | cient funds in deposit account | | · | | | | |
| ☐ Declined credit card | | | | | | | |
| Non authorization for charge to deposit account | | | | | | | |
| □ No fee | submitted per requirement | | | | | | |
| The correc | et fee code: 1254 | amount | \$ 725-00 | | | | |
| The susper | nded fee code: 197 | amount | - \$ | | | | |
| Fee Due | | amount | =\$725-50 | | | | |
| If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642. | | | | | | | |
| Terminal Operator Jem Lem Wendinu | | | | | | | |